CityWide

The McMaster GIM Newsletter

Spring 2017 edition

Co-editors: John J. You and Daniel Brandt Vegas

A Message from the General Internal Medicine Division Director: Dr. Akbar Panju

Dear Colleagues,

Welcome to the Spring 2017 edition of CityWide, prepared by Co-Editors Dr. John You and Dr. Daniel Brandt Vegas for the Division of General Internal Medicine, DeGroote School of Medicine, McMaster University. This biannual Newsletter has been in operation for the last 4 years and has been transformed into an excellent communication tool, full of newsworthy items and, in this edition, two extremely well written personal experiences.

As you will note, multiple members of the GIM Division have received honours and awards. You will also see that the Division of GIM is extremely vibrant in its scholarly activities, as noted by the number of publications by members of the GIM Division.

Our Internal Medicine Program Director, Dr. Lori Whitehead, has summarized very clearly what Competency Based Medical Education is all about. The Royal College has mandated everybody to transform residency training with Competence by Design. Our Internal Medicine Program under the leadership of Dr. Lori Whitehead and her group are well poised and getting ready to have Competence by Design in place for the Core Internal Medicine training program starting July 2018. There will be a lot of faculty involvement in this.

You will read a deeply personal first-hand account of a GIM physician in our Division regarding medical assistance in dying. It is a moving article and you will find it extremely interesting.

Our global health initiatives have concentrated in Uganda, Namibia and Guyana. You will note in this newsletter the fascinating personal experiences of Dr. Zara Khalid and Dr. Arthur Wong who are leading the global GIM initiative in Guyana. We should congratulate Zara and Arthur for their work and sharing their experiences with us.

Once again I would like to congratulate Drs. You and Brandt Vegas for putting this newsletter together, which you will find very interesting.

Akbar Panju
Newsworthy Items

Awards, honours, new appointments

**Ameen Patel** and **Gordon Guyatt** received the American College of Physicians (ACP) Laureate Award in 2016. This award is the most prestigious honour bestowed to chapter members in Ontario and is awarded to Fellows of the ACP who have demonstrated, by their example and conduct, an abiding commitment to excellence in medical care, education or research and service to the community and to the ACP.

**Shariq Haider** received the 2017 Canadian Association for Medical Education (CAME) Certificate of Merit Award, awarded by his colleagues in recognition of his commitment to medical education.

**John Neary** received the Professional Association of Residents of Ontario (PARO) Teaching Award.

**Mohamed Panju** awarded the MD Class of 2017 Preceptor Teaching Award for Internal Medicine.

**Ally Prebtani** received the Inaugural Medical Consultant Award from the Hamilton Health Sciences Medical Staff Association.

**Kelly Dore** was promoted to the rank of Associate Professor.

**Jill Rudkowski** was appointed Chair, Clerkship and Concept Integration and Review for the Undergraduate Medical Program, effective February 1, 2017.

**Helen Neighbour** was appointed Undergraduate Program Director, Department of Medicine, effective April 1, 2017.

Other newsworthy items

Congratulations to **Ahraaz Wyne** and family who welcomed triplets(!!!) Abdullah, Zainab, and Ruqaya on March 9, 2017.

Huge congratulations to the McMaster ACP (American College of Physicians) Doctors Dilemma Team (Tooba Ali, Mike Wang, Reza Mirza and Casey Park) who won first place in Ontario in Summer 2016, then subsequently won third place at the National Championships in San Diego.

**Tim O’Shea** and **Christian Kraecker** were recently profiled in local and national media for their recently launched initiative called HAMSMART (Hamilton Social Medicine Response Team), which is reaching out to people in the community often marginalized by the health system and at risk for poor health outcomes:


Upcoming events

The **Annual Geoff Norman Day in Education Research** will be held on Wednesday June 7, 2017 at the Michael G. DeGroote Centre for Learning and Discovery. All faculty and trainees interested in Medical Education research are welcome to attend. Further details and registration information available at: [https://www.eventbrite.ca/e/geoffrey-norman-day-in-education-research-tickets-33627809684](https://www.eventbrite.ca/e/geoffrey-norman-day-in-education-research-tickets-33627809684)

The first **Perioperative Care Congress** ([www.periopcongress.org](http://www.periopcongress.org)) will be held in Toronto, Ontario on June 2-4 at the Delta Chelsea Hotel. This event will provide physicians and surgeons with leading edge clinical practices to improve perioperative short, intermediate, and long-term outcomes and an opportunity for trainees and mid and junior faculty to present research findings.

Research Spotlight

**External grants awarded**

**Tim O’Shea** and **Christian Kraeker** received a Community Health Education and Research Grant from the Hamilton Community Foundation for their Hamilton Social Medicine Response Team initiative ($30,000)

**John You** is principal investigator on a Transformative Grant from the Canadian Frailty Network entitled “Improving Advance Care Planning for Frail Elderly Canadians” ($2.7 million / 3 years)

**GIM AFP Research Grant Winners**

**Congratulations to the winners of the 2016-2017 AFP GIM Research Grants**

**Jim Douketis**, “Decay of Direct Oral Anticoagulant (DOAC) Anticoagulant Effect after Interruption for Surgery” ($10,000)

Jessica Huynh and Amanda Huynh (supervised by **Ameen Patel**), “Clinical implications for blood cultures contaminated with coagulase negative staphylococcus” ($4,550)
Key Definitions to prepare for the upcoming changes in Medical Education

CBME: Competency-Based Medical Education:
Competency-based medical education (CBME) is an outcomes-based approach to the design, implementation, assessment, and evaluation of a medical education program using an organizing framework of competencies (e.g. CanMEDS 2015). In a CBME system, a curriculum is organized around the outcomes expected of a resident and each resident’s advancement is dependent on having achieved those expected outcomes.

Competence by Design:
Competence by Design (CBD) is the Royal College’s version of CBME. It is a transformational change initiative designed to enhance CBME in residency training and specialty practice in Canada.

Message from the Internal Medicine Residency Program
CBME represents a change in the philosophy of medical education from a time-based to a competence-based system. Learners are advanced through 4 stages of training based on demonstration of competence in performing key tasks relevant to their area of study. In contrast, resident progression is currently measured by the amount of time that is spend in training by assigning the hallmark of completion of each PG year as a loose surrogate of advancement.

The practice of CBME will gradually create a shift in our culture. It has already introduced a new language to the educational forum. It will not change our commitment to continue to offer our learners the highest standard of education. As we move to the new system, it is important to keep the best of the old as we embrace the new paradigm. Most faculty educators have already been using elements of CBME to provide focused, bedside teaching throughout their careers. When we shift to CBME, infrastructure will be in place to standardize and support formal venues for direct observation linked with timely and relevant learner evaluations. End-of-rotation ITERS will disappear as workplace assessment tools are made available to support the practice of on-the-spot simple, meaningful face to face feedback. A learner will be entrusted to perform a given task only after having accomplished several observations of achievement.

There is much to learn about CBME. The Internal Medicine Residency Program has launched a Competency Based Medical Education executive committee to coordinate all aspects of CBME implementation as mandated by the Royal College. All facets of the rollout are under consideration, including faculty development, resident development, teaching/assessment and educational scholarship. Several Internal Medicine educators are active participants in MAC-CBME, a Post Graduate Medical Education command centre tasked with leading all residency programs through the transition period. Field testing for focused, direct bedside assessments of learners is currently underway on the CTUs in preparation for our target start date of July 2018.

Stay tuned for upcoming opportunities to learn more about CBME and how we can work together to keep our residency program on the top. Our faculty and resident committees are looking to recruit active participants from both the faculty and resident bodies. Please contact myself or any of the CTU Directors if you are interested in joining our steering team.

Lori Whitehead
Director, Residency Education Program
SATURDAY, MAY 6
THE CORKTOWN PUB
175 YOUNG STREET, HAMILTON
Do you like to rock out in support of a good cause? Then come out to The Corktown Pub and help Martha Rocks raise money in support of Hamilton Food Share. According to the Hunger Count 2016, 12,251 people use a food bank each month in Hamilton. Over a third of those needing food banks are children. A financial donation made to Hamilton Food Share benefits hungry people throughout our community. So bring your wallet and your dancing shoes and Martha Rocks will show you a rockin’ good time!

Check us out on You Tube:
https://www.youtube.com/watch?v=W5doq-68g1c

Martha Rocks is a band started by four medical doctors working in the Hamilton-Niagara area who want to do more to support community issues:

Dr. Blair Leonard
vocals/guitar
Dr. Juan Guzman
bass guitar & keyboards
Dr. John You
rhythm guitar
Dr. Tim O’Shea
drums
Jerry Verhovsek
bass guitar & keyboards
Rick Loreto
lead guitar

MARTHA ROCKS
THE CORKTOWN PUB
Saturday, May 6
9:30 p.m. start time
Financial donation at the door in support of Hamilton Food Share.
“Mary”
... a reflection on Medical Assistance in Dying from one of our physician colleagues

I first met “Mary” last summer. She was referred to me with dyspnea. I was warned by the ER physician that she was “demanding”. I thought it best I see her myself, rather than involve the housestaff.

Mary was 92 years old, and frankly had better things to do than spend time in hospital. Her frustration lay in that fact that her smoking had finally caught up with her. The reason she might have been perceived as “demanding” was likely that she was desperate to get out of the ER and get home. She had eluded the diagnosis of COPD until now, but it was clear that she had signs and symptoms consistent with this diagnosis. Interestingly, she was seen annually for ten years by a respirologist for evaluation of a benign lung lesion, but there had been no previous discussion about her pulmonary function. PFTs confirmed severe COPD. Suffice to say, she had a very short admission; I started her on various puffers and a short course of steroids.

From the first time I saw her, I was very impressed by this very accomplished, vivacious individual with a brilliant sense of humour. We exchanged a number of stories during her inpatient stay and had a few laughs. As she was followed by a respirologist, I felt she had appropriate follow-up and again, she preferred to spend her time with things besides doctor’s appointments. I was, therefore, surprised to see a referral from her family doctor for an appointment with me to review her COPD a few months after she had been admitted to hospital under my care.

When Mary came to see me in my clinic, she explained that she was counting on me to help her. She had become jaundiced, anorectic, and had progressive dyspnea and weakness. She was no longer able to enjoy simple activities that defined who she was. She did not want any investigations into her new symptoms. She told me she was aware that with Bill C-14 she had gained the right to physician assisted death and was looking for my assistance. Needless to say, I was very taken aback and my initial thought was that this would entail a fair amount of work on my part. I reluctantly agreed to look into it for her. From the outset, I had not previously given considerable thought over the concept of MAID and I secretly hoped she would change her mind and that would be the end of it.

The details of what transpired over the next several weeks are much too long to discuss. Suffice to say, there were hours of discussion with Mary and her family (her children/step children included two physicians, a lawyer and a university professor), and much to be learned on my part. The guidance I received through colleagues at McMaster involved in the process was phenomenal.

In the end, I can truthfully say I felt honoured to have been part of such an intimate aspect of a patient’s life, and to have experienced her death with her loved ones. The family could not have been more grateful and positive about the whole experience. The night of Mary’s death, the four health care professionals who had been involved in the process convened at McMaster and reflected for several hours on what had transpired, complete with tears, laughter and camomile tea. It reminded me of what a privilege it is to be a physician.
A Resident Wellness Retreat in Guyana...an idea to bring back home...
Zara Khalid and Arthur Wong

Zara - In the past 6 months, the Joint Internal Medicine/Infectious Diseases residency program in Guyana went through some major changes. First, they lost their program director, Dr. Joanna Cole, who had led their program for 3 years, leaving behind Dr. Ramdeo Jainarine and myself to lead the program into the future. Meanwhile, the current government has made unilateral cuts and reduced salaries by 20%, creating obstacles for newly graduated residents to obtain full-time consultant positions.

In the face of these uncertainties, the Internal Medicine residents have become understandably stressed - many exhibiting signs of burnout. Everyone seemed to be going down a rabbit hole of frustration, complaining to the point where the WhatsApp messenger group channel was going off non-stop. At this point I decided to pack them onto a boat and take them to an island for a two-day retreat, in an attempt to work things out in a safe and secure environment, far away from their daily responsibilities and source of stress (“safe” was a relative term, given that the options were to deal with the issues or jump off the island!).

Arthur - My day started at 4am. I was emphatically told not to be late or the bus would leave without me. Of course, when we arrived at the Georgetown Public Hospital for the 6 am departure time, I realized many of them (including the bus driver) were running late on their colloquial “Guyanese time”. We took a bus from Georgetown to Parika, where I handed out a pre-retreat survey to the residents, looking to assess burnout levels. During this time, we participated in games designed to enhance communication skills in difficult scenarios. Our bus ride flew by quickly, as we laughed at each other’s often awkward responses.

Zara - The boat ride from Parika to Baganara was 1.5 hours long. Most of the residents spent this time either catching up on sleep or sightseeing along the Essequibo river. As we passed by some of the islands, a few residents shared stories with me about their experiences growing up on those islands. The boat period was a time for reflection. I was anxious about how this retreat would play out. The idea seemed good in theory, but in reality I worried it might turn out to be a disaster.

Arthur - This was the first time any of us had been to Baganara and already I could sense a palpable excitement in the air. At 10:30 a.m., we started our first session in the conference room. It was appropriately titled the “Venting Session” and led by one of the recent graduates (registrars) from the program. The session was planned for 1.5 hours but it stretched out to three. The third time the resort representative came to let us know our food was getting cold, we finally stopped for lunch.
Zara - During the “Venting Session” residents were asked to think about the worst conflicts they have had and to draw a picture of an animal that represented the situation. This session took a life of its own allowing the residents and registrars (who are now junior faculty and facing growing pains of their own) to be brutally honest with each other and confess their frustrations with each other. The session was emotionally draining and lunch was a well-deserved break.

After Lunch, Arthur and I decided to split the group in two to debrief the venting session. Arthur took the residents and I took the registrars. While Arthur discussed residency survival tips and how to avoid burnout, I spent the time with the registrars to reflect on some of the issues that had come up earlier and to plan our next steps forward, by discussing effective and productive solutions.

After the intense venting session the energy in the group was different. The residents and registrars spent the rest of the afternoon playing board games, table tennis, and table pool. Later that evening, Arthur sailed away for Parika, as he was leaving for Canada the next day.

The day concluded with dinner and charades around a bonfire. Everyone felt emotionally drained. Seeing this, we changed our initial plan and decided to keep the next day light.

I woke up at 6 am the next day, expecting everyone to be sound asleep. Instead, I was surprised to find a few residents awake, watching the sunrise. It was a beautiful morning with a cool breeze. We reflected on everything from the day before and shared our residency stories - both good and bad. We spoke about our lives and how life was in Guyana and around the surrounding islands. One by one, the residents and registrars emerged from their rooms. A few of the residents ran along the beach, while others took a stroll around the island. I could sense that the mood was far different from the day before.

Before breakfast, we went for a 15-minute meditation, afterwards discussing what mindfulness meant to us and how it could be adapted to our daily lives to help deal with our day-to-day stress and the prospect of burning out. After breakfast, the residents were divided into 5 groups (each led by a registrar) and went for a nature walk around the island to discuss informal topics.

Then we were back to the grind, starting with a team-building session where the registrar-led groups were tasked with building a tower using anything in the room - only to later realize my instructions should have been more clear. They had literally used everything, from the podium and the projector screen to the juice boxes from breakfast. Thankfully, no expensive equipment was destroyed and they learned some important concepts about leadership, resourcefulness, situation awareness, creativity, building trust, and of course, taking risks!

The rest of the day continued with role-playing exercises around conflict resolution and dealing with burn out. The residents were clearly more motivated and enthusiastic about participating than the day before. I felt like a huge weight was lifted from their chests and they could finally run free.

After lunch, the residents and registrars enjoyed some of the activities around the resort such as swimming and kayaking. I needed time myself to relax and to reflect on the events from the retreat.

We debriefed on our way back to Georgetown. The main take-home messages were that they wanted to strengthen their relationships with one another by being honest and to communicate openly. Furthermore, they wanted to focus on decreasing their stress levels, coming up with potential strategies to achieve this as a group.
A post-retreat survey showed that it was received very positively, allowing us to plan for the next one, with new ideas and topics already being proposed.
Short-term dabigatran interruption before cardiac rhythm device implantation: multi-centre experience from the RE-LY trial.

Practice patterns in venous thromboembolism (VTE) prophylaxis in thoracic surgery: a comprehensive Canadian Delphi survey.

Cost effectiveness of the addition of a comprehensive CT scan to the abdomen and pelvis for the detection of cancer after unprovoked venous thromboembolism.

Managing challenging patients with venous thromboembolism: a practical, case-based approach.

Extended-duration versus short-duration pharmacological thromboprophylaxis in acutely ill hospitalized medical patients: a systematic review and meta-analysis of randomized controlled trials.

Periprocedural risk of bleeding and thrombosis: to bridge or not to bridge. Dr. James Douketis in an interview with Dr. Roman Jaeschke: part 2.

BRIDGE trial. Dr. James Douketis in an interview with Dr. Roman Jaeschke: part 1.

Real-life treatment of venous thromboembolism with direct oral anticoagulants: The influence of recommended dosing and regimens.

The 2016 American College of Chest Physicians treatment guidelines for venous thromboembolism: a review and critical appraisal.

International clinical practice guidelines including guidance for direct oral anticoagulants in the treatment and prophylaxis of venous thromboembolism in patients with cancer.


Perioperative Aspirin for Prevention of Venous Thromboembolism: The PeriOperative ISchemia Evaluation-2 Trial and a Pooled Analysis of the Randomized Trials.

Effects of bidi smoking on all-cause mortality and cardiorespiratory outcomes in men from south Asia: an observational community-based substudy of the Prospective Urban Rural Epidemiology Study (PURE).

Mild Dehydration Does Not Influence Performance or Skeletal Muscle Metabolism During Simulated Ice Hockey Exercise in Men.

GRADE Equity Guidelines 3: Health equity considerations in rating the certainty of synthesized evidence.

Applying GRADE to Coverage Decisions: Results of a Stakeholder Survey and Workshop.
**Low intensity pulsed ultrasound for bone healing: systematic review of randomized controlled trials.**


**Procedure-specific Risks of Thrombosis and Bleeding in Urological Cancer Surgery: Systematic Review and Meta-analysis.**


**Procedure-specific Risks of Thrombosis and Bleeding in Urological Non-cancer Surgery: Systematic Review and Meta-analysis.**


**Fracture fixation in the operative management of hip fractures (FAITH): an international, multicentre, randomised controlled trial.**


**Effects of different phosphate lowering strategies in patients with CKD on laboratory outcomes: A systematic review and NMA.**


**Vasopressor use following traumatic injury: protocol for a systematic review.**


**Severity of Hypoxemia and Effect of High Frequency Oscillatory Ventilation in ARDS.**


**Adjusted Analyses in Studies Addressing Therapy and Harm: Users’ Guides to the Medical Literature.**

Electronic nicotine delivery systems and/or electronic non-nicotine delivery systems for tobacco smoking cessation or reduction: a systematic review and meta-analysis.

Progress in evidence-based medicine: a quarter century on.

Minimally Important Differences in Patient or Proxy-Reported Outcome Studies Relevant to Children: A Systematic Review.

Multilayered and digitally structured presentation formats of trustworthy recommendations: a combined survey and randomised trial.

In patients with severe sepsis, hydrocortisone did not prevent progression to septic shock.

Addition of Ezetimibe to statins for patients at high cardiovascular risk: Systematic review of patient-important outcomes.

Evidence for underuse of effective medical services around the world.

Systematic survey of randomized trials evaluating the impact of alternative diagnostic strategies on patient-important outcomes.

Attitudes toward the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain: A qualitative study.

**Patient-Reported Outcomes in rare lysosomal storage diseases:: Key informant interviews and a Systematic review protocol.**

**Criteria for use of composite end points for competing risks-a systematic survey of the literature with recommendations.**

**Re-evaluating the Inhibition of Stress Erosions (REVISE): a protocol for pilot randomized controlled trial.**

**Aspirin in prevention of cardiovascular events. Dr. Gordon Guyatt in an interview with Dr. Roman Jaeschke.**

**Hemicraniectomy versus medical treatment with large MCA infarct: a review and meta-analysis.**

**Addressing the limitations of the CDC guideline for prescribing opioids for chronic noncancer pain.**

**SPRINT trial and blood pressure treatment. Dr. Gordon Guyatt in an interview with Dr. Roman Jaeschke.**

**Randomized trials addressing a similar question are commonly published after a trial stopped early for benefit.**
A critical appraisal of chronic kidney disease mineral and bone disorders clinical practice guidelines using the AGREE II instrument.

Review: Best (but oft-forgotten) practices: intention-to-treat, treatment adherence, and missing participant outcome data in the nutrition literature.

Re-evaluation of low intensity pulsed ultrasound in treatment of tibial fractures (TRUST): randomized clinical trial.

Withholding versus Continuing Angiotensin-converting Enzyme Inhibitors or Angiotensin II Receptor Blockers before Noncardiac Surgery: An Analysis of the Vascular events In noncardiac Surgery patients cOhort evaluatioN Prospective Cohort.

Clinical Practice Guidelines From the AABB: Red Blood Cell Transfusion Thresholds and Storage.

Guideline conflict of interest management and methodology heavily impacts on the strength of recommendations: comparison between two iterations of the American College of Chest Physicians Antithrombotic Guidelines.

Guideline panels should seldom make good practice statements: guidance from the GRADE Working Group.

Limited responsiveness related to the minimal important difference of patient-reported outcomes in rare diseases.

Risk factors for and prediction of mortality in critically ill medical-surgical patients receiving heparin thromboprophylaxis.

Cardiovascular profile in postural orthostatic tachycardia syndrome and Ehlers-Danlos syndrome type III.

HOPE--3, BP treatment, milestones in CV prevention. Dr. Salim Yusuf in an interview with Dr. Akbar Panju and Dr. Roman Jaeschke.
Yusuf S, Panju A, Jaeschke R.

Process mapping evaluation of medication reconciliation in academic teaching hospitals: a critical step in quality improvement.

TryCYCLE: A Prospective Study of the Safety and Feasibility of Early In-Bed Cycling in Mechanically Ventilated Patients.
The RECOVER Program: Disability Risk Groups and 1-Year Outcome after 7 or More Days of Mechanical Ventilation.


Rating the certainty in evidence in the absence of a single estimate of effect.


The Saudi clinical practice guideline for the prophylaxis of venous thromboembolism in long-distance travelers.


A Reporting Tool for Practice Guidelines in Health Care: The RIGHT Statement.


The Saudi clinical practice guideline for the prophylaxis of venous thromboembolism in medical and critically ill patients.


ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions.

GRADE Evidence to Decision (EtD) frameworks for adoption, adaptation, and de novo development of trustworthy recommendations: GRADE-ADOLOPMENT.


The Saudi clinical practice guideline for the management of overweight and obesity in adults,
Alfadda AA, Al-Dhwayan MM, Alharbi AA, Al Khudhair BK, Al Nozha OM, Al-Qahtani NM, Alzahrani SH, Bardisi WM, Sallam RM, Riva JJ, Brożek JL,

A very low number of national adaptations of the World Health Organization guidelines for HIV and tuberculosis reported their processes.
Godah MW, Abdul Khalek RA, Kilzar L, Zeid H, Nahlawi A, Lopes LC, Darzi AJ,

Is Daily Low-Dose Aspirin Safe to Take Following Laparoscopic Roux-en-Y Gastric Bypass for Obesity Surgery?

Effects of Bariatric Surgery on Mortality, Cardiovascular Events, and Cancer Outcomes in Obese Patients: Systematic Review and Meta-analysis.

Defining Advance Care Planning for Adults: A Consensus Definition From a Multidisciplinary Delphi Panel.

Measuring Advance Care Planning: Optimizing the Advance Care Planning Engagement Survey.
Barriers to goals of care discussions with hospitalized patients with advanced heart failure: feasibility and performance of a novel questionnaire.